STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

(i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;

(ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or

(iii) the State has reason to question the compliance of the facility with such requirements.

The Licensing and Certification procedures for processing complaints are detailed in the program's Policy and Procedure Manual beginning with Section 400. Complaint investigations form the highest priority of the program's workload under its agreement with the Health Care Financing Administration. The procedures for complaint investigation assure facility compliance with federal requirements . The process for complaint investigation is as follows:

1. Complaint intake. District Office staff record all pertinent information regarding the complaint and the complainant. (Requests for anonymity are honored). All complaints are entered into the program's automated management information system and assigned a control number.

2. Supervisor review. Complaints are assigned to supervisors for review and priority determination. Priority 1 complaints carry an imminent threat to life and safety and are investigated within 24 hours. Priority 2 complaints are less threatening and are investigated within ten days. Priority 3 complaints do not carry a threat to health and safety and are investigated during the next scheduled activity in a facility.

3. Complainant contact. Investigating staff confer with complainants prior to an investigation to acquire as much information as possible to assist a thorough investigation. Complainants are also briefed as to their involvement and how they will be notified about findings. (Continued on next page)

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4. On-site investigation. All complaints are investigated at the facility by trained survey personnel. All complaint investigations visits are unannounced.

5. Collection of evidence and documentation. The surveyor conducts interviews, reviews facility records and records observations regarding substantiation of the complaint. Substantiated complaints and findings of deficiency(ies) are written on the HCFA 2567 and given to the facility. All complaints requiring a formal plan of correction receive a follow-up visit for determination of compliance.

6. Completion of the investigation report. All investigations are recorded on a Complaint Report Form to include a narrative of the findings and disposition of the investigation. This report is provided to the complainant along with appeal procedures. A copy of the report is entered into the facility file along with any notice of levy of a fine or civil monetary penalty. The final disposition of the complaint is entered into the automated information management system for the facility.

7. Public access to information. Facility files are public records which may be reviewed at the District Office during business hours. In addition, reports from the automated information management system on facility profile data are available to the public under the State's and the federal governments access to information statutes and regulations.

8. The Program has an established, formal relationship with the State's Office of the Long-Term Care Ombudsman. Under the agreement, the Program provides an updated copy of the facility database to the Ombudsman so that that office may disseminate facility-specific information to ombudsmen working out of the regional office network. District Offices provide copies of the HCFA 2567 to the ombudsman following completion of surveys and the ombudsman is a recipient of any adverse action notice.

9. Following a survey in which a finding of substandard quality care is determined, District Office staff secure a list of attending physicians from the facility and then complete a required form letter to notify them of the finding. A copy of this notification is provided to the Board of Examiners for Nursing Home Administrators (BENHA) in the State's Department of Consumer Affairs.

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10. The Program has an established working relationship with the Division of Audits and Investigation (A&I) within the same Department of Health Services. A&I is the Medicaid fraud and abuse investigation agency for the State. A&I investigators are used to augment survey teams when evidence of fraud and abuse is suspected.